



REQUEST FOR PARKING SERVICES

Today's Date: _____

DATE OF EVENT		EVENT TITLE			
EVENT LOCATION	Time of Event		Requestor Name		
		TO			
Event Contact Person / Department Name		Office Phone		Cell or Alternative Phone	
				AND	
UHD Account Number		Authorized Signature on		Phone Ext.	
Special Details / Instructions / Guest Names					
1.					
2.					
3.					
4.					
5.					
<i>For Additional Names or Instructions – Attach a Separate List to this Request</i>					
PARKING REQUEST / NEEDS					
Gate Assistance Needed for After Hours Events (THERE WILL BE AN ADDITIONAL FEE FOR THIS SERVICE) <input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	# Parking Spots Requested (YOU WILL BE CHARGED FOR ALL SPOTS RESERVED) _____	If After Hours, Tokens Needed <input type="checkbox"/> (YES) <input type="checkbox"/> (NO)		Authorization to Increase # Reserved Spots <input type="checkbox"/> YES <input type="checkbox"/> NO	
Parking Facilities Needed:					
<input type="checkbox"/> Visitor Lot		<input type="checkbox"/> Metered Lot		Other	

******* A fully executed Service Center Requisition (SCR) Is required upon submission of this form *******

For Office Use Only:

(_____) Community Relations & Conferences
(_____) Police Department
(_____) Kiosk Parking Department